	Effective on 12/0					Complete	if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).										
FEE TRANSMITTAL										
For FY 2009					Filing Date 6/20/2000  First Named Inventor Victor John Yannacone, Jr.					
					Examiner Name Joel M. Lamp			5110, 51.	-	
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 3737					
TOTAL AMOUNT OF PAYMENT (\$) 825.00					Attorney Docket 3305 - 0121					
	-			Tittorik	Cy Docket	3303 01.				
METHOD OF PAY	<del></del>	all that apply)							<u> </u>	
Check ✓ Credit Card ✓ Money Order ✓ None ✓ Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information			Credit card in	formation shou!	ld not be included (	on this form. Prov	∕ide credit card	i		
FEE CALCULATION	·		va vnan fili	ing or may h	a subject to a s	urchargé.)				
1. BASIC FILING					e subject to a s	urenarge.,		<u> </u>		
I, DASIC FILMG	ATION FEES									
				Small Entity				Fees Paid (\$)		
Application Ty		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees r	<u>aid (\$)</u>	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70 2.5	_			
Plant	220	110	330	165	170	85	_			
Reissue	330	165	540	270	650	325	_			
Provisional	220	110	0	0	0	0	_			
2. EXCESS CLAIR	M FEES							<b>1</b> 00	Small Entity	
Fee Description								<u>ee (\$)</u> 52	<u>Fee (\$)</u> 26	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)								220	26 110	
Multiple dependent	•	Idding Ivoissus					390	195		
Total Claims	- 20 or HP	Extra Cla	ims F	Fee (\$)	Fee Paid (\$)	•	<u>M</u> u	ltiple D	ependent Claims	
-	- = X							ee (\$)	Fee Paid (\$)	
HP = highest number	of total claims pa	id for, if greater t	han 20.							
Indep. Claims	ndep. Claims - 3 or HP Extra Claims Fee			Fee (\$)	Fee Paid (\$)					
HP = highest number		=	X			-				
3. APPLICATION	-	anns paid ioi, ii į	greater than 5.	•						
If the specifica	tion and drawin	igs exceed 100	) sheets of p	paper (exclud	ing electronical	ly filed sequen	ce or compu	iter listin	igs under	
	52(e)), the appli 5.C. 41(a)(1)(G)			J (\$135 for sr	mall entity) for	each additional	1 50 sneets o	r macuo	n mereor.	
Total Sheets	Extra S			of each add	litional 50 or fr	action thereof	Fee (S	<u>5)</u>	Fee Paid (\$)	
	100 =	/ 50 =		(round	d up to a whole n	umber) x		=	·	
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Notice of Appeal and Petition for Extension of Time (3 months)  825.00										
Other (e.g., la	te filing surcha	rge): Notice o	f Appeal an	d Petition for	r Extension of T	Time (3 months	s)		825.00	
SUBMITTED BY										
Signature	Kand	)(V)SH	$\mathcal{D}_{a}$		egistration No		Telephon	e 4	12-471-8815	
DIGHAMA	/ Villa	22 X 166	two	( <i>P</i>	Attorney/Agen	1) 50,002	F			